

COUNTY BOROUGH OF MIDDLESBROUGH



LOCAL EDUCATION AUTHORITY

ANNUAL REPORT

FOR 1955

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

ERIC C. DOWNER

M.A., D.P.H.





*With the Compliments  
of the  
Medical Officer of Health  
and  
Principal School Medical Officer.*

*Health Department,  
26, Southfield Road,  
Middlesbrough.*



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SCHOOL HEALTH DEPARTMENT,  
WOODLANDS ROAD,  
MIDDLESBROUGH.

TO THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE COUNTY BOROUGH OF MIDDLESBROUGH,  
BEING THE LOCAL EDUCATION AUTHORITY:

Madam Mayor, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1955 as Principal School Medical Officer to the Authority.

I regret to report that particularly in the last half of the year shortage of administrative staff in the Health Department has led to your Principal School Medical Officer being unable to give the supervision that he would wish to the School Health Service.

The Principal School Medical Officer has taken a close interest in the question of Handicapped Pupils and in epidemics where they have occurred in connection with school children and has attended Committees and advised the Director of Education as required. But owing to the pressure of administrative work for the Health Department he frankly confesses that he has not given the Education Authority a fair share of his time and it is not possible to undertake in the future that this unsatisfactory state of affairs can be remedied.

I am happy to report, however, that with the appointment of Dr. Conlin on the 1st December, the School Medical Staff, apart from the Principal School Medical Officer, is now for the first time complete to the establishment of one Senior School Medical Officer and four School Medical Officers. It will be possible in 1956, therefore, to resume the full inspections of the Grammar Schools and Technical Schools which, very unfortunately, had to be left out in 1955 owing to lack of medical staff. It is most important that these groups should not be left out. Within a very short time they are going to issue forth into the world of work and citizenship and they merit the closest attention.

I would like to draw the attention of the Authority to the fact that most of this Report, excepting the contributions given by those named at the head of each, has been composed by Dr. J. Cahill, Senior School Medical Officer of whose good and faithful work, in spite of indifferent health during the year, I cannot speak too highly.

I want to call particular attention to his researches on the incidence of non-tuberculous lung disease in school children and his notes on colour blindness. Dr. Cahill's work in this respect gives me the opportunity of pointing out that a School Health Department should always be a department of research into child health. We are not merely examiners of school children—we are students of child health, pioneers and explorers, and the present efficient state of school medicine in England is in great measure due to the painstaking researches of early School Medical Officers. Time must always be afforded by the Authority to its officers for study, reading and research and no massive statistics of inspection are by themselves a measure of the efficiency of a School Health Service.

Next, I must emphasise that the value of having the post of Principal School Medical Officer merged with that of the Medical Officer of Health for the same area is greatly diminished if that Medical Officer of Health is unable to devote a reasonable proportion of his time to keeping himself conversant with what is going on in the School Health Service. That might well be a matter of discussion between the Authority, as an Education Authority, and the Authority as a Health Authority.

I wish to pay tribute to the good and patient work of the Medical, Dental, Nursing and Clerical Staffs, to the wise counsel and cordial co-operation and kindness which we receive from the Director of Education and his staff, and to the amiable and pleasant relations which we have with the teachers and the help which they give us. We also receive tremendous help from the consultants to whom we refer children and the family doctors with whom we co-operate as closely as possible.

Finally, I would like to thank the Chairman and Members of the Education Committee, and in particular the Chairman and Members of the Child Welfare Sub-Committee, for their support and encouragement and their understanding of our difficulties.

I have the honour to be,  
Madam Mayor, Ladies and Gentlemen,  
Your obedient Servant,  
ERIC C. DOWNER,  
*Principal School Medical Officer.*

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## MIDDLESBROUGH EDUCATION COMMITTEE.

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*Chairman* : Alderman B. RAMSEY.

*Vice-Chairman* : Alderman W. RANDALL.

*Committee* : Alderman Mrs. L. BURTON (The Mayor).

Alderman Mrs. H. M. GUTHRIE

Alderman J. SLATER

Alderman L. TAYLOR

Councillor J. N. BENNINGTON

Councillor W. BRECKON

Councillor J. A. BROWN

Councillor Mrs. G. COX

Councillor A. T. CROSBY

Councillor Mrs. E. DEVENPORT

Councillor W. ECKERT

Councillor T. FARTHING

Councillor W. FERRIER

Councillor Mrs. E. A. GAUNT

Councillor N. S. GOLDIE

Councillor Mrs. M. B. GOODMAN

Councillor Mrs. R. M. HASTON

Councillor L. KNOTT

Councillor Rev. Canon M. O'SULLIVAN

Councillor G. S. RICHARDSON

Councillor Mrs. M. SAGAR

Councillor G. R. THOMPSON

Councillor E. VALENTINE

Councillor Mrs. A. WAIN

Councillor L. WINTER

*Co-opted Members* : Mrs. A. SCHOFIELD COATES

Mrs. K. OGLE

Mrs. A. THOMPSON

Rev. H. BRYANT

Rev. Canon T. A. NOLAN

Rev. Canon H. A. WAREHAM

W. SUTHERST, Esq.

*Chairman of Education (Child Welfare) Sub-Committee* :

Councillor Mrs. A. WAIN.

*Director of Education* :  
STANLEY HIRST, B.Sc.

## SCHOOL CLINIC AND TREATMENT CENTRES.

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1. Central	M.A.C., Orthopaedic, Consultant Aural, Cleansing, Dental	M.O. Dental Surgeon and Nurses Daily.
2. Whinney Banks Schools	M.A.C., Dental	Nurse daily 9 a.m. to 12 noon. M.O. Tuesday 9 a.m. Dentist (part-time).
3. Lord Street	M.A.C.	Nurses daily 9 a.m. to 12 noon (except Wednesday). M.O. Monday 9 a.m.
	Speech Therapist	Thursday 2 p.m.
4. Newport School	M.A.C.	Nurse Monday and Thursday 9 a.m. to 12 noon.
5. 159 Southfield Road	Child Guidance Clinic	By appointment.
6. 154, Borough Road	Speech Therapy	By appointment
7. 17, Newlands Road	U.V.L. Clinic	Four sessions weekly.
8. Ayresome	M.A.C.	Nurse Tuesday and Thursday 9 a.m. to 12 noon.
9. Caldicotes School	M.A.C.	Nurse every afternoon.
10. North Ormesby	M.A.C.	Nurse daily 9 a.m. to 12 noon. M.O. Wednesday 9 a.m.

## GENERAL INFORMATION—1955

(Supplied by Director of Education).

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### PRIMARY AND SECONDARY MODERN SCHOOLS:

Number of Schools	...	...	...	...	34
Number of Departments	...	...	...	...	75
Number on Roll	...	...	...	...	25,530
Average attendance	...	...	...	...	23,401
Average percentage	...	...	...	...	91.66

### SECONDARY GRAMMAR SCHOOLS :

Number of Schools	...	...	...	...	6
Number on Roll	...	...	...	...	2,424
Average attendance	...	...	...	...	2,309
Average percentage	...	...	...	...	95.26

### SECONDARY TECHNICAL SCHOOL :

Number on Roll	...	...	...	...	313
Average attendance	...	...	...	...	296
Average percentage	...	...	...	...	94.58

### SPECIAL SCHOOLS :

Number of Schools	...	...	...	...	2
Number on Roll	...	...	...	...	217
Average attendance	...	...	...	...	197
Average percentage	...	...	...	...	90.78

AVERAGE PERCENTAGE FOR ALL SCHOOLS	...	...	...	...	92.60
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### COST OF SCHOOL HEALTH SERVICE, 1955

(Supplied by Borough Treasurer).

Total Cost	...	...	...	...	£24,673 13s. 10d.
Government Grant	...	...	...	...	£14,804 4s. 4d.
Cost to rates in terms of penny rate	...	...	...	...	2.904d.

## SECTION 1.—STAFF, ETC.

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Interchange of medical staff exists with the Health Department both as routine and in emergency.

### MEDICAL OFFICERS:

Name	Appointment	Time given to S.H.S. in terms of full - time officer.
Eric C. Downer, M.A., D.P.H.	M.O.H. and Principal School M.O.	0.09
Robert Taylor, M.B., CH.B., D.P.H.	Deputy M.O.H. and Deputy Principal School M.O.	0.09
John Cahill, B.SC., M.R.C.S., L.R.C.P.	Senior School M.O.	0.90
Katharine Macfarlane, M.B., CH.B.	School Medical Officer	0.81
Thomas W. Hill, M.D., D.P.H.	School Medical Officer and A.M.O.H.	0.63
Janet B. Patterson, M.B., CH.B.	School Medical Officer and A.M.O.H. from (1.5.1955).	0.72
Arthur J. Conlin, B.A., M.B., CH.B., B.A.O.	School Medical Officer and A.M.O.H. (from 1.12.1955).	1.00
Elizabeth Webster, M.B., B.S.	Assistant M.O.H.	0.18
Mary W. Cooper, M.B., B.S.	Assistant M.O.H.	0.09

### PART-TIME DENTAL ANAESTHETISTS :

Madeline Goldstone, M.B., B.S.	Senior Assistant M.O.H. for M.C.W.	0.09
H. K. Geiser, M.D., M.R.C.O.G.	General Practitioner	0.09
J. E. Sutcliffe, M.B., B.CH., B.A.O.	General Practitioner	0.09

AURAL SURGEON (by arrangement with Regional Hospital Board):  
R. M. Marshall, M.B., F.R.C.S.

OPHTHALMIC SURGEONS (by arrangement with Regional Hospital Board):

Alexander E. P. Parker, M.B., B.S., F.R.C.S.  
Francis S. Hubbersty, M.B., B.CHIR., F.R.C.S.  
John S. Gourlay, M.B., CH.B., D.O.M.S.

ORTHOPAEDIC SURGEONS (by arrangement with Regional Hospital Board):

Howard L. Crockatt, M.B., CH.B.  
Kathleen M. Adamson, M.SC., M.B., CH.B.

PSYCHIATRIST TO CHILD GUIDANCE CLINIC:

(*Vacant*).

PRINCIPAL SCHOOL DENTAL OFFICER:

John Auton, L.D.S.

SCHOOL DENTAL OFFICERS:

Thomas W. Clarkson, B.D.S.  
Francis H. R. Davey, L.D.S. (Part-time).  
Elspeth J. Turner, L.D.S. (Part-time).

SPEECH THERAPIST:

Joan MacDonald, L.C.S.T. (Resigned, 30.9.1955).  
(*One vacancy*).

EDUCATIONAL PSYCHOLOGIST:

James McGibbon, M.A., ED.B.

SOCIAL WORKER (CHILD GUIDANCE CLINIC):

Winifred Morton.

CHIROPODIST (Part-time):

L. Clayton, M.Ch.S.  
L. Vanes, M.Ch.S.  
W. Leybourne, M.S.S.Ch.  
T. Jones, M.Ch.S., L.C.H.

SUPERINTENDENT NURSE:

Kathleen M. Crapper, S.R.N., S.C.M., H.V.

SCHOOL NURSES :

Betty Allinson, S.R.N., S.C.M.  
Katherine Cameron, S.R.N., S.R.F.M.  
Ethel Howard, S.R.N.  
Sarah Leighton, S.R.N., S.C.M.  
Irene Mole, S.R.N.  
Dorothy S. Owen, S.R.N., H.V.  
Myfanwy Short, S.R.N., S.C.M., B.T.A.  
Joan Tweddle, S.R.N.  
Beryl H. Vickers, S.R.N. (Resigned: 31.4.1955).  
Brenda Walsh, S.R.N., S.R.F.N.  
Wilhelmina Sillett, S.R.N., S.R.F.N., S.C.M.  
Edna Wilson, S.R.N., S.C.M.

AUXILIARY NURSES :

Jean Rutherford, S.R.N. (Resigned: 31. 3. 1955)..  
Florence E. Adkin (since 13.6.1955).

DENTAL ATTENDANTS:

D. Nolan, S.E.A.N.  
L. M. Ward.  
J. Smith, S.E.A.N.

CLERICAL STAFF :

Margaret Dickinson (Senior Clerk).  
Christiane R. R. Baines (until 5.12.1955).  
Vera Newman.  
Elizabeth Cooper.  
Mary L. Doonan.  
Marion Wilson.

## SECTION II.—SCHOOL HYGIENE.

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I am indebted to the Director of Education for the following details:—

### 1. "School Hygiene—Improvements to School Premises.

#### (a) SANITARY ACCOMMODATION.

Partial rebuilding and additional pupils' toilets have been provided at Linthorpe Junior School and modern improved fittings installed at Southend, Newport Road and Lawson Schools. Indoor Staff toilets have been provided at Lawson Secondary Girls' and the Boys' Technical Schools.

#### (b) HEATING, HOT AND COLD WATER INSTALLATIONS.

Improved efficiency has been obtained by the installation of solid fuel mechanical stokers at Marton Road Schools, Lawson Schools, Hugh Bell Girls' Secondary and the Boys' Technical Schools.

Additional heating surfaces have been provided at Hugh Bell Girls' Secondary and the Boys' Technical Schools, Smeaton Street Boys' and the 'Horsa' classrooms at Ayresome Secondary Girls' School.

Provision of hot water service and new wash basins has been made at Newport Infants' and Junior, Smeaton Street Boys' and Lawson Infants' Schools, and hot water service has been added at St. Paul's Mixed and Lawson Secondary Boys' Schools. A bath with hot and cold services has been provided at Lawson Infants' School. Provision of a drinking fountain has been made at the Girls' High School.

The policy has continued during the last year of the substitution of plastic tube for cold water services in many Middlesbrough Schools, especially those with outside toilets. The resistance of this material to frost damage has prevented the closing down of sanitary fittings at times when demands on plumbers' services are greatest and when long repair delays would otherwise be inevitable. The same type of tubing is being introduced into schools for the disposal of wastes from Science Rooms and Laboratories with the apparent resistance to destruction by acids and chemical fluids..

(c) ELECTRICAL INSTALLATIONS.

Complete renewals to modern standards at Ayresome and Lawson Infants' Schools and Ayresome Secondary Boys' School.

(d) GENERAL IMPROVEMENTS.

(i) Various classroom and main hall floors have been resurfaced by the planing and sanding machines of the Education Works Department at Derwent Street, Marsh Road and St. Francis' Schools, whilst defective areas of floors have been replaced at St. Alphonsus' and Hugh Bell Schools and the School Clinic.

(ii) Nursery class accommodation including new indoor sanitary provision has been provided at Southend School. Improvements have been made to one Housecraft Room at Hugh Bell Girls' School.

2. School Meals Service.

Replacement of windows has given improved ventilation at Beechwood scullery and improved extraction and the provision of sprayed asbestos anti-condensation treatment to ceilings have been carried out at seven other sculleries".

SECTION III.—MEDICAL INSPECTIONS.

A. Periodic Medical Inspections.

Age groups inspected and number of children examined in each:

Entrants	...	...	...	...	...	3,060
Intermediates (8+)						3,219
Leavers	...	...	...	...	...	1,709
<hr/>						
			Total	...	...	7,988
<hr/>						
Additional Periodic Inspections						
<hr/>						
Grand Total						
<hr/>						

B. Other Inspections.

No. of Special Inspections	...	...	7,086
No. of Re-inspections	...	...	2,177
			<hr/>
Total			
<hr/>			

Owing to shortage of Medical Staff we were unable to carry out our usual Medical Inspections in Grammar Schools with the exception of Kirby School (Girls) in which pupils of 14 years plus, and upwards, were examined. In the Technical School, Leaver Groups were examined. All pupils in attendance at the School for the Deaf and at the Day School for E.S.N. pupils were examined as usual.

#### FINDINGS OF MEDICAL INSPECTION :

The good general health of our school children was maintained during 1955 as is evidenced by the high average attendance percentage:—

1951	...	91.19%	1954	...	91.36%
1952	...	91.09%	1955	...	92.60%
1953	...	92.14%			

#### GENERAL CONDITION :

	A. (Good)	B. (Fair)	C. (Poor)
1951	...	43.65%	52.35%
1952	...	46.96%	50.37%
1953	...	49.33%	47.81%
1954	...	45.20%	50.50%
1955	...	52.1%	43.6%

Our 1955 figures show a higher percentage in group A than in former years. Detailed comparison of returns shows that General Condition was best in the Entrant Group (55.4% good) and least satisfactory in the Leaver group (44.0% good). In 1954, a difficult and more usual state of affairs obtained. General Condition was least satisfactory in the Intermediate group. But, in that year the Intermediate group consisted of 11 year + children, whereas in the year under review it consisted of 8 year + children.

#### LUNG DISEASE (NON T.B.):

In our 1946 report, reference was made to the high incidence of Lung Disease in our school children as compared with that revealed in a survey of a particular district in New York City.

Unhappily, it is again necessary to call attention to this black spot in our picture of the health of our school children. Comparison is made below between incidence of Lung Disease in Middlesbrough school children and incidence of Lung Disease at a corresponding national level. Also the incidence of Lung Disease among school children in certain areas which make a good showing is given, and the significance of returns is discussed.

Lung Diseases found at Periodic Medical Inspections obviously do not constitute the total of Lung Disease found in an age group. They are extracted from samples of roughly similar composition and may be expected to give a pointer to the total situation in a given area. At these inspections, Lung Diseases (as other defects) are classified as needing either treatment or observation, but the decision as to category is so much bound up with personal factors in the medical officer, that it has been thought best to lump together both treatment and observation cases.

#### LUNG DISEASE (NON T.B.) AT PERIODIC MEDICAL INSPECTIONS:

(a) Middlesbrough:	Year	Cases per thousand
	1950	... 29.9
	1951	... 36.3.
	1952	... 27.1
	1953	... 36.6
	1954	... 37.3
	Average	... 33.4

(b) England: (Figures abstracted from Annual Reports, Chief Medical Officer, Ministry of Education):

Year	Cases per thousand
1951	... 27.8
1953	... 29.3
Average	... 28.5

(c) Scarborough:

(We have obtained these figures through the courtesy of Dr. W. G. Evans, Divisional School Medical Officer for Scarborough. Scarborough was selected for comparison because, like Middlesbrough it is placed in the North Riding of Yorkshire at a distance of 40 miles from this town, as the crow flies. In this connection people who

are unacquainted with Middlesbrough, frequently under-rate certain natural advantages in the situation of the town. Central Middlesbrough is within 7 miles of the sea (at Redcar) and within 8 miles of the beginning of the Cleveland Hill area and North Yorkshire Moors).

Year	Cases per thousand
1950	... 6.4
1951	... 3.1
1952	... 13
1953	... 12.7
1954	... 10.9
Average	... 9.2

(d) Co. Roscommon, Eire.

(This farming area was selected because very complete up-to-date returns happened to be available. Dr. J. Cyril Joyce, Assistant County Medical Officer, Roscommon, has kindly given permission for quotation from his recent article, "The School Health Service in a Rural County" (1). In this article, he analyses returns of over 10,000 examinations of schoolchildren of all ages. Approximately 95% of these examinations were made by the author).

Case per thousand of Lung Disease (non T.B.) ... 7.5

It is not asserted that the high incidence of Lung Disease in our school children is unique. As mentioned in our 1953 report, incidence of Lung Disease is even greater in some neighbouring northern industrial areas. Our position is part of an unsatisfactory national position which is highlighted by the Scarborough and Roscommon figures. It is these latter figures which may be regarded as setting a standard—not the English national average.

Thus it is known that the mortality rate from Bronchitis in this country is much greater than that of any Western European country or than that of the U.S.A. (2). A recent survey showed that to-day "respiratory disorders are the chief cause of the patient consulting his doctor" (3). There is also, "a well known excess of mortality from respiratory infections in young children in the North East" (4). This last observation, coupled with our figures suggests that the influence of adverse factors is operative at a much earlier age than commonly believed. Some of our medical officers have, from time to time, expressed surprise at the frequency of Lung Disease in children attending our nursery classes.

When we consider conditions in the two areas instanced with low incidence of Lung Disease, it may be objected that the socio-economic conditions of Scarborough children may be better than those of Middlesbrough children. Is that also true of Roscommon? Sparsity of population ("one person per 8.8 acres") is a relevant factor in Roscommon, but a similar situation does not obtain in Scarborough. Middlesbrough has, it is true, a more northerly situation than Scarborough, but only to the extent of 20 miles. Scarborough has a well-established reputation as a holiday resort, but Roscommon has never had any particular reputation as a holiday area. As to hereditary factors, Dr. Joyce noted an unduly high incidence of "congenital and hereditary associated conditions" in his returns, which he regarded as an effect of emigration. It is conceivable that Scarborough Medical Services may be outstandingly successful but a full Child Health Service has not yet been developed in Roscommon.

At the end, it is difficult to resist the suspicion that, while other factors may play their parts, the outstanding advantage enjoyed by both Scarborough and Roscommon is less atmospheric pollution. We are unable to give comparable figures for atmospheric pollution in all three areas. Nevertheless, the fact that the position in this respect is worst in Middlesbrough, if not known in the literal sense of the ancient tag *semper, ubique et ab omnibus* (at all times, in all places and by all men), is for those acquainted with the areas discussed, a truth of equal certitude.

1. Joyce, J. C. (1956) Jr. Irish. Med. Assoc. 227.18
2. Leading Article (1954) Lancet 11.1163
3. Annotation, (1956) Brit. Med. Jr. 1031
4. Heady et al. (1955) Lancet 1.499

#### COLOUR VISION.

During 1955 it was found impossible to carry out usual Medical Inspections of boys in Grammar schools and in Technical school. A survey of Visual Acuity and of colour Vision of all such pupils was carried out instead as being the most useful substitute activity. All boys found to be in need of special eye examination were referred to the Eye Specialists. This section is concerned with Colour Vision findings.

No record has been traced of the date of introduction of Colour Vision testing for leaver boys in this town, but it was certainly in existence 12 years ago. From time to time, however, we have had doubt as to which Colour Vision test was the most appropriate for our circumstances. Thus, a boy may fail one Colour Vision test and pass another.

Colour Vision is not a simple subject. The usual statement is that 8.2% of men and less than 0.5% of women are Colour Blind. This does not mean that these people are incapable of distinguishing red and green traffic lights. The number who will fail to do so is very small indeed. All can recognise amber and appreciate luminosity and the positions of the green and red lights are different. It means that the great majority of those affected have difficulty in recognising "between shades" of certain colours, and that they are less sensitive to errors in matching colours than are normal observers. Thus, the use of the word "Blind" in describing this defect is unfortunate and it would much more appropriately be termed Defective Colour Perception.

Our next difficulty is that there is no universally accepted test of Colour Perception. Industry prefers tests which duplicate the work conditions in a particular job, e.g. lantern tests for Merchant Navy, and employers are slow to reveal standards. In instances, one wonders if requirements are not too high. A real danger exists that boys may be excluded from careers for which they are perfectly fit owing to undue importance being attached to the results of a strict Colour Vision test. Thus any belief that every boy who has defective Colour Perception is unfit to study medicine is fearful nonsense. Two of the very small number of male doctors employed in this service during the past 10 years have had defective Colour Perception.

For general use, confusion tests, e.g. Ishihara, are preferred. These charts reveal the great majority of subjects with even small Colour Vision defects, but they will fail to pick out a few rare defects. Experts assert that these tests cannot be used for exact grading of defects and that it is not possible with such tests to classify type of defect with any certainty.

Each boy at our survey was tested with the Ishihara chart first and those who failed the Ishihara chart were re-tested with a Spot chart. Failure on the Spot chart indicated a severe loss of colour perception and such boys may have difficulty with traffic lights.

Popular emotional reaction to defects is sharply selective. For ages, the blind have evoked sympathy, but the deaf have been regarded as fit subjects for mirth. It was very interesting to note the emotional reaction of the boys during these examinations—to contrast the hush which descended on a group as they watched a be-spectacled boy falter over the letters on the Snellen chart, with the hearty laughter of the same band when a class-mate called green, brown.

When Spastics talk, write and walk they are credited with cleverness and perseverance. But at least one writer said that the Colour Blind may compensate for their defect by "cunning," and at least one observer believes that the public is not amused by deaf men who wear obtrusive hearing aids. It would almost appear as if popular sympathy is extended only to those defectives who wear a badge advertising their inferiority and that it is denied to the defective who has the effrontery to walk along the street looking just like most of us.

The FINDINGS of this SURVEY were as follows:—

No. of pupils examined	...	...	...	1,470
No. who failed Ishihara Test	...	...	...	92
Percentage Colour Defective	...	...	...	6.2
No. who also failed Spot Chart	...	...	...	9
No. of boys aware of defect	...	...	...	19
No. of boys unaware of defect	...	...	...	73

(All boys who failed Spot Chart i.e. with severe defects, were aware of defect).

#### SKIN DISEASES:

The No. of cases of skin disease showed an increase during 1955:

1948	...	5,430	1952	...	3,727
1949	...	4,900	1953	...	3,479
1950	...	4,130	1954	...	3,095
1951	...	3,952	1955	...	3,989

IMPETIGO has decreased in incidence and still appears to be high in years with low incidence of Scarlet Fever:—

Year	Impetigo	Scarlet Fever	Year	Impetigo	Scarlet Fever
1948	635	131	1952	124	316
1949	464	68	1953	130	316
1950	243	105	1954	359	129
1951	141	252	1955	337	69

RINGWORM OF SCALP showed an increase during 1955 but is of very low incidence. All cases are now treated at Carter Bequest Hospital and we are kept fully informed of progress of children.

1951	...	50	1954	...	8
1952	...	31	1955	...	16
1953	...	15			

SCABIES is now a rare disease. We encountered 8 cases during 1955. Affected children and other affected members of family are treated in their homes by our nurses.

SQUINT : Percentage

Year	No. with Squint	No. of pupils	with Squint
1952	166	8,531	1.94
1953	179	10,273	1.74
1954	175	8,522	2.05
1955	233	8,847	2.63

POLIOMYELITIS:

We continue to be more fortunate that some areas in our incidence of Poliomyelitis. During 1955 only one case was notified.

TUBERCULOSIS IN SCHOOL CHILDREN:

It is pleasing to be able to record, once again, that no death occurred from Tuberculosis among our pupils. Mortality from Tuberculosis in school children in recent years has been as follows:

Year	Deaths	Year	Deaths
1948	9	1953	Nil
1950	1	1954	Nil
1951	3	1955	Nil
1952	Nil		

Mass Radiography for leaver pupils was continued and also Tuberculin (Jelly) testing of contact groups as advised by Chest Physician. B.C.G. vaccination has not yet been started in the School Health Service owing to a shortage of medical staff. During the year 1955, 19 school children were notified as suffering from Pulmonary Tuberculosis and 8 notified as suffering from other forms of tuberculosis.

Dr. B. Coutts, Chest Physician, reports:—

“Tuberculosis among school children has not shown much alteration during 1955 compared with the previous two years. There has only been a small decline in the total numbers notified. It is again highly pleasing to report that no deaths occurred in this age group for the fourth successive year. The cases notified were divided as follows:—

19 pulmonary tuberculosis  
1 meningeal tuberculosis  
4 glandular tuberculosis  
1 tonsils tuberculosis  
1 orthopaedic tuberculosis  
1 erythema nodosum

73 school children were vaccinated with B.C.G. during the year. Of the total of 300 school children who have had B.C.G. since the scheme started, none has developed tuberculosis. It is almost certainly the case that as tuberculosis among adults becomes less common, the disease among school children will fall to lower levels”.

Age Group	Lungs	Glands of Neck	Orthopaedic	Meninges	Tonsils	Ery-thema nodosum
5-10 yrs.	14	2	—	—	1	—
10-15 yrs.	5	2	1	1	—	1
Totals ...	19	4	1	1	1	1

#### NATIONAL HEALTH SERVICE :

After an uneasy start, in the early days, co-operation with General Practitioners and Specialists is now much improved. We constantly receive details of cases in which some modification of educational regime is likely to be needed, from individual Specialists and General Practitioners. In a number of cases children are given light treatment or referred to our Child Guidance Clinic at the request of General Practitioners.

To-day, it is much easier for children in need of medical treatment at home to obtain it. General Practitioners are consulted before reference of children to Specialists in non-urgent cases. Since 1948 the number of Specialists in Middlesbrough has vastly increased and furthermore, the parent of to-day is quite rightly very willing and often anxious for his child to be referred to a Specialist. The "Old Timers" who, not altogether without reason, regarded the hospital as the half-way house to the grave-yard, are no longer with us. To-day, hospitals evoke little affection, but people are very willing to use them.

#### HEALTH AND EMPLOYMENT :

At the examination of leaver pupils, special attention is given to the bearing of defects on suitability for employment. In cases in which it is thought that defects narrow the range of suitable employment, the Youth Employment Bureau is informed and in appropriate cases, registration under the Disabled Persons' Act is advised. Special examinations regarding fitness for particular occupations were arranged in many cases, as for example, prospective Y.M.C.A. Farm Trainees.

#### DUTIES undertaken by SCHOOL NURSING STAFF:

Miss K. M. Crapper, Superintendent Nurse, reports:—

"The duties undertaken by Nursing Staff were as follows:—

##### (1) IN SCHOOLS:

1. Routine Cleanliness Surveys
2. Assistance at Immunisation Sessions.
3. Assistance at Routine Medical Inspections.
4. Group Audiometer Tests for Deafness.
5. Special visits as required in respect of infectious diseases.
6. Examination of Pupils before departure to Hexham Camp School.
7. Tuberculin Jelly Tests (321).

##### (2) IN CLINICS :—Nurses attend:

1. Minor Ailment Clinics.
2. Aural Clinics.
3. Ophthalmic Clinics.
4. Orthopaedic Clinics.
5. Sun-Ray Clinics.
6. Diphtheria Immunisation Sessions.
7. Audiometer re-testing of individual children following treatment.

(3) VISITS TO HOMES:

1. To advise regarding unsatisfactory conditions found at Routine Cleanliness Surveys and at Routine Medical Inspections.
2. Visits to children notified suffering from Chicken Pox, Measles, Whooping Cough and Mumps.
3. Visits to 15 children in connection with the National Survey of Health and Development of children undertaken by the Institute of Child Health.
4. Visits to children following operation to ear, nose or throat.
5. Visits in certain cases of long absence from school.
6. Visits in cases of failure to attend ophthalmic clinics and to those who failed to attend hospital for ear, nose and throat operations.
7. To give treatment to school children found to be suffering from scabies.

Number of HOME VISITS made by SCHOOL NURSES: 4,250.

Number of HOME VISITS made by ATTENDANCE OFFICERS in respect of School Health Service: 3,556.

Students taking the Nursing Administration Course in Public Health, Queen's Nurse Trainees and Teachers Training College Students have attended the Central Clinic for educational purposes.

VERMINOUS CONDITIONS AND UNCLEANLINESS :

During the year our nurses carried out 127,642 inspections of pupils for verminous conditions and the number of pupils found to be verminous at one time or another, was 4,474.

The comparable figures for 1954 were 114,792 inspections and 3,845 verminous pupils.

The great majority of our verminous pupils had only a few nits which parents cleared up quickly when notified.

Parents were invited to visit the clinics for detailed instruction on how to treat the condition and DDT preparations and steel combs were supplied to them.

The root difficulty is that infestation is a family problem and we have only the school children of each family under our observation and treatment. A child who has been cured of a verminous head can quickly become re-infested from other members of the family.

Distribution of verminous conditions is an area distribution, but there are some verminous children in all Primary and Secondary Schools.

During 1955, the parents of all verminous children, excepting those with only odd nits, were notified in writing and in the majority of cases we received ready co-operation from them. Inspection of pupils of Girls' Grammar Schools was continued.

Uncleanliness due to physical dirt is an allied problem and our nurses use constant exhortation in this matter, and very valuable work is done by teachers.

Of 51 pupils who were compulsorily cleansed under Education Act 1944 Section 54 (3), 18 were later found to be re-infested with vermin. The parents of 2 of these children were prosecuted."

Our return for 1955 shows an increase in the number of verminous pupils as compared with 1954, but it also shows an increase in number of examinations, which means that quite a number of children were examined more frequently. Unhappily the more frequently one examines a batch of children during the year, the greater will be the number found verminous, so that caution is needed before deciding that the difference in number of verminous children is significant.

Statements concerning percentage of pupils found verminous can be deceptive unless circumstances of examination and details of composition of percentage are given. Thus, a percentage based on findings at Routine Medical Inspections, will be lower than what one might term the work-a-day percentage, because children are "polished up" for these occasions. During 1949, the number of pupils found to be verminous at such inspections was 7. (At the Routine Medical Inspection of 1909, 32% of pupils were verminous).

In order to obtain a fair picture of the day-to-day percentage of children verminous, inspections of heads must be "Surprise" visits (as was noted in this town so long ago as 1908). In that

year, a "Surprise" visit to a Middlesbrough school revealed that 70% of the pupils were verminous (27% being lousy). Climatic conditions matter; children are more likely to be infested in hot weather. Also, pupils are more verminous at the beginning than at the end of a term.

With these points in mind a scrutiny was made of our findings in the examination of an unselected batch of 3,550 pupils during December, 1955, with the following results:—

Total No. of pupils examined	...	3,550
Total No. of pupils with nits	...	181
Total No. of pupils with lice	...	12
Total No. of pupils Verminous	...	193
Percentage of pupils Verminous	...	5.44

#### SECTION IV. MORTALITY OF SCHOOL CHILDREN.

I am indebted to the Health Department for the following Table:

##### REGISTERED DEATHS OF CHILDREN (5-15 years) during 1955 (corrected by inward and outward transfers):

Cause of Death	M.	F.	Total.
Malignant Synovioma of Knee...	1	—	1
Status Epilepticus	1	1	2
Motor Car Accidents	2	3	5
Schilder's Disease	—	1	1
Cranio Pharyngioma	1	—	1
Cerebro Spinal Meningitis	1	—	1
Other Accidents	1	—	1
Congenital Heart Disease	—	1	1
	7	6	13

The chief cause of Death in school children was accidents and, once more, no death occurred from Tuberculosis.

## SECTION V. ARRANGEMENTS FOR TREATMENT.

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### 1. Physical Welfare of Children.

#### (a) MINOR AILMENTS :

During 1955, children made 52,528 attendances at our Minor Ailment Clinics. The number of examinations by medical officers was 9,078. Attendances in recent years have been as follows:—

1948	...	72,942	1952	...	53,807
1949	...	64,786	1953	...	50,993
1950	...	59,875	1954	...	55,004
1951	...	61,860	1955	...	52,512

The decrease in more recent years is due to two factors:—

- (1) a certain unknown number of children are treated by National Health Service Doctors—and
- (2) the diseases for which children used to attend our clinics are becoming less frequent. In the opinion of some Head Teachers the second factor is the chief one.

The number of children we treat is much greater than in some larger child population units. This fact will perhaps, give pause to those who think that our work could be readily and advantageously undertaken by the National Health Service.

#### MINOR AILMENT CLINICS—TREATMENT BY NURSES—1955:

Disease or Defect	First Visits	Other Visits	Total Visits
Ringworm-Scalp	...	16	34
Ringworm-Body	...	18	73
Scabies	...	8	12
Impetigo	...	337	1,913
Other skin diseases...	3,610	12,495	16,105
Eye Disease	...	2,575	1,647
Ear Defects	...	494	2,298
Miscellaneous	...	3,696	7,955
Accidents	...	4,995	10,352
	<hr/>	<hr/>	<hr/>
	15,749	36,779	52,528
	<hr/>	<hr/>	<hr/>

It will be noted that we treated 4,995 ACCIDENTS or INJURIES. Indeed the minor accidents group is the largest single group of cases. Nearly all of these cases were slight in degree, but 174 were referred to hospital immediately for X-Ray examination or for treatment.

As might be expected there was considerable variation among individual medical officers in the selection of such cases for reference to hospital. References by individual medical officers were as follows:—

Dr. Cahill	...	...	38	Dr. Conlin (Dec. only)	...	5
Dr. Macfarlane		...	24	Dr. Webster	...	22
Dr. Hill	...	...	4	Dr. Crook	...	1
Dr. Patterson (Since May)			12			

Next in number to minor injuries, the largest single group of cases treated was SKIN DISEASES. Altogether, 3,989 cases with skin diseases made 14,527 attendances. It remains to add that cases of Scabies were treated in their own homes by our Auxiliary Nurse.

(b) AURAL CLINIC :

A School Medical Officer held a weekly clinic to which special Ear cases were referred. At this clinic, the total number of examinations was 425. The number of new cases was 358.

Mr. Marshall saw cases weekly at North Riding Infirmary. The number of examinations was 229, 192 being new cases.

GROUP AUDIOMETER SURVEY.—This Hearing Survey with 2120A Weston Electric Group Speech Audiometer was carried out in the 8yr.+, 9yr. +, 12 yr.+ and 13 yr.+ age groups. All children who failed were examined at the Aural Clinic.

Number of pupils tested (Group Audiometer)	...	3,928
Number of pupils who failed Group Test	...	200
Number of pupils tested (Pure Tone Audiometer)	...	258
Number of pupils supplied with Hearing Aids	...	3

We average the child's three best scores on the three columns of numbers for each ear. All pupils with a loss of 9 decibels or more are re-tested and those who fail again are seen at our Aural Clinic.

In practice, a number of failures are due to causes other than deafness such as noise level of environment, instrumental factors, misunderstanding instructions, lack of proficiency and speed in writing in the case of younger children, mental characteristics of pupils and even to combinations of these causes.

(c) CHIROPODY :

During the year under review, 47 boys and 112 girls were treated by our Chiropodists.

(d) OPHTHALMIC CLINIC :

Our Ophthalmic Surgeons undertook four sessions weekly. During 1955, they examined 1,720 pupils. Spectacles were prescribed for 1,400 of these cases. The number of children who had operations for squint was 56.

(e) ORTHOPAEDIC CLINIC :

Dr. Crockatt (or Dr. Adamson) attended fortnightly. The following is a brief numerical record of the year's work:—

Number of new cases seen by Orthopaedic Surgeons:

School Children ...	...	...	...	374
Pre-School Children	...	...	...	134

Number of re-attendances seen by Orthopaedic Surgeons:

School Children	...	...	...	244
Pre-School Children	...	...	...	75

Number of treatments by Orthopaedic Sister:

School Children	...	...	...	527
Pre-School Children	...	...	...	100

(f) SPEECH CLINIC :

Mrs. J. McDonald, Speech Therapist, reports:—

“Work in the Speech Clinic continued during 1955 until the beginning of September when Mrs. McDonald resigned.

The waiting list continued to exist and certain urgent cases had to be taken out of turn. An increasingly large number of pre-school children were referred for treatment and it was advisable

that they should be treated as soon as possible. However, with only one Speech Therapist it has been extremely difficult, as older children cannot be neglected. With two Speech Therapists it might have been possible to cover the increasing area of the town by holding classes in welfare centres and school-rooms.

Reviewing cases of children who had been in attendance for long periods, i.e. over twelve months, it was gratifying to note a marked improvement in many of them. The recording machine, a recent acquisition, has been most useful in assessing slow progress as well as providing proof for those concerned that they did not speak quite so well as they had thought.

On the occasion of my resigning my position here I would like to take this opportunity of thanking all the members of the School Health Services and Education Offices who have been so helpful and co-operative".

Number of attendances for Speech Therapy ... 1,588.

#### (g) ULTRA VIOLET LIGHT :

Four treatment sessions are held weekly and the department is kept open during holiday time. 58 boys and 79 girls attended for treatment. For some reason, the popularity of Ultra Violet Light treatment is on the wane.

## 2. Mental Welfare of Children.

### CHILD GUIDANCE CLINIC.

Mr. J. McGibbon, Educational Psychologist, reports:—

#### “1. CASE LOAD :

During the year 1954 the case load rose by 19 from 75 to 94. During 1955 it increased by a further 22 to 116. It seems certain, under present conditions of staffing and accommodation, that this is the maximum that can be coped with, despite the increasing calls on the clinic service. Already it has been found necessary to institute a small waiting list of children who have been examined but have not yet begun treatment. Waiting lists are, of course, a common feature of clinics all over the country, but so far, in Middlesbrough, we have usually managed to avoid them.

## 2. POPULAR MISCONCEPTIONS :

Despite the continuing increase in the use of clinic facilities, there are still widespread misconceptions concerning the type of child suitable for clinic treatment and the actual nature of the treatment. Many parents believe that to have their child referred to the clinic is an indication that he is considered mentally defective or abnormal in some way. It should be emphasised that Child Guidance Clinics do not treat children whose low intelligence places them outside the range of ordinary schools. Some clinics, in fact, will not accept children unless they are at least of average intelligence. Reference to the statistical return will show that of 132 children examined during the year 1955 only 4 were in the low intelligence group and 28 in the under average group. 61 children were of average intelligence and 43 were above average (including 15 of highly superior intelligence).

In the same way, children whose behaviour suggests that they are psychotic or pre-psychotic are not treated at the clinic. As explained in last year's report they are referred by the Principal School Medical Officer to the under 20's clinic at St. Luke's Hospital.

Another popular belief is that children at Child Guidance Clinics are allowed to do exactly as they please and to smash windows and set fire to curtains if the mood seizes them. Clinic records in Middlesbrough reveal no instances of windows being broken or curtains being set on fire. The atmosphere of the clinic is indeed friendly and permissive but within well-defined limits. The staff are mindful of the results of investigations into these cases of Juvenile Delinquency where the quality of discipline has been a decisive factor. These show that slack, indulgent treatment produces two and a half times as many delinquents as over-severe discipline.

Our experience shows that children welcome consistent and reasonable rules and that it is placing too great a burden on a young child to expect him to fashion for himself a satisfactory manner of living if no limits are set to his self-expression.

It should also be emphasised that attendance at the clinic is absolutely voluntary and that no treatment is initiated or continued except with the full consent of the parents. It is sometimes rather saddening when parental opposition prevents a child being treated who would quite certainly derive considerable benefit, but even in these cases, no pressure of any description is put on the parents, so highly valued is the rule of voluntary attendance only.

### 3. OPTIMUM AGE FOR TREATMENT :

The recently-published (and long-awaited) report of the Committee on Maladjusted Children has done much to vindicate the work of clinics such as ours and recommends their expansion so that a full Child Guidance and School Psychological Service is available for all children between the ages of two and eighteen. Pre-school infants are occasionally treated, and boys and girls who have left school often call in for advice, but in the main, facilities at the Middlesbrough Clinic at present are geared to cope with children of school age. The question is often asked, what is the best age for referral to the Child Guidance Clinic. The sooner the better is the only valid general answer. Infants, especially, go through many turbulent phases, and grow out of them satisfactorily, but it is a mistake to wait too long for children to grow out of really unsatisfactory emotional and behaviour traits. Every day that passes stamps these traits more and more firmly into the style of life and renders the eventual task of eradication more and more difficult. Most of the really difficult cases referred to the clinic of children aged between eleven and sixteen reveal, on examination, the existence of symptoms at the age of six or seven which would have justified treatment then, when the ratio and speed of success are much higher.

As far as backwardness in reading is concerned I am in no doubt that children should be referred and treatment commenced either in the top infants class or in the first junior class, before the sense of failure in the most important school subject has coloured the children's outlook and induced attitudes that may well defy the most patient and skilled efforts at remedial work a few years later. A surprising amount of effort is needed to effect any notable improvement in a ten year old of average intelligence whose reading is badly retarded, but equally astonishing is the progress that can be made with such children if they are referred between the ages of  $6\frac{1}{2}$  and  $7\frac{1}{2}$ .

One boy was referred to the clinic a few days before his seventh birthday as being unable to read a single word or recognise even a single letter. Examination showed him to be of average intelligence but a victim of the vicious circle, so well-known in schools, whereby emotional tension due to pre-school influences causes an inability to profit from even the most competent class teaching, the resulting school failure leading to an intensification of the emotional upset,

which in turn makes the child even more inaccessible to teaching and so on. After attending the clinic weekly for a year his reading age had advanced to ten years. It would be misleading to give the impression that all retarded readers of average intelligence respond so dramatically to clinic treatment, but this is the kind of result one can often expect at the age of seven but which is all but impossible at the age of ten or eleven.

#### 4. RESEARCH :

The continuing rise in the case load and the resultant increase in clerical work have slowed down the scope and pace of research. The main effort has been directed at a further follow-up in connection with the reading survey. An interim report has been issued on the first part of the follow-up. It shows that there has been a noticeable all-round improvement in reading standards since 1951 in the four selected schools, which were a fair median sample of all Middlesbrough schools. This is in keeping with results obtained in surveys conducted by other local authorities.

The Middlesbrough findings also agree with results from other parts of the country in showing an unexpectedly higher average for girls compared with boys. This superiority of girls over boys in junior school work—a superiority which is not in evidence in upper forms of grammar schools and is reversed in universities—is one of the major educational mysteries of the day. It is easy—and tempting—to advance possible reasons for it, but difficult in practice to isolate and measure the factors that may be responsible.

#### 5. OTHER ACTIVITIES :

Other activities of the staff during the year have included lecturing to a variety of organisations, examining children in school, statistical and interviewing work in connection with the General Examination and co-operation in surveys conducted on a national basis by the National Foundation for Educational Research and other bodies. Contact with other clinic staffs has been maintained by membership of the North Eastern Clinic Group, and of a Projection Test Study Circle.

During the year the educational psychologist and the social worker attended the Clinic Conference of the National Association for Mental Health and the educational psychologist attended some

of the sessions of the Annual Conference of the British Psychological Society in Durham. These opportunities of keeping abreast of latest developments and of comparing notes with professional colleagues proved of immense value in our work in the clinic.

#### 6. ACKNOWLEDGEMENTS :

Once more our task has been considerably lightened by the help and co-operation received from a great number of individuals and agencies. In particular, I should like to express my thanks for guidance and advice received from the Director of Education, his Deputy and Assistants and from Drs. Downer and Cahill and the staff of the School Health Service.

The utmost co-operation was extended by school heads and staffs, the Child Welfare Service, the Children's Department, the Probation Service, the Speech Therapist, and by Dr. Cuthbert and the staff of St. Luke's Hospital".

#### Child Guidance Clinic—Annual Return—1955.

##### Attendance at Clinic:

Children ... 1,952

Parents/Guardians 175

##### Causes of Referral:

Educational Retardation ... 47

Psychological Examination only 34

Behaviour Problems ... 24

Nervous Habits ... ... 44

Vocational Guidance ... 1

##### Visits by Clinic Staff :

Home ... 99

School ... 51

Others ... 34

Lectures ... 12

Children tested at school and home... 777

Children examined at clinic ... ... 150

Cases closed during year ... ... 128

Reasons for Closures:

Psychological investigation concluded	...	...	...	...	36
Improved satisfactorily	...	...	...	...	47
Unsuitable for treatment	...	...	...	...	—
Improved as far as possible	...	...	...	...	13
Referred elsewhere	...	...	...	...	12
No treatment required	...	...	...	...	—
Non-co-operation of parents	...	...	...	...	13
Left district	...	...	...	...	6
Vocational guidance	...	...	...	...	1
Case load at beginning of year	...	...	...	...	94
Case load at end of year	...	...	...	...	116

Distribution of Intelligence Quotients of 132 children who were given Terman-Merrill tests during the year:—

	70 and below	71– 85	86– 114	115– 129	130 and above
Boys	...	1	14	39	18
Girls	...	3	10	22	10

## SECTION VI.—HANDICAPPED PUPILS.

### A. Blind Pupils :

The total number of such pupils was 3. They attended residential schools as follows:

Royal Victoria School for the Blind, Newcastle-upon-

Tyne	...	...	...	...	...	...	1 Boy
Yorkshire School for the Blind, York	...	...	...	...	...	...	1 boy
St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	...	...	...	...	...	...	1 boy

### B. Partially Sighted Pupils :

The total number of such pupils was 6. They attended schools as follows:

St. Vincent's School for the Catholic Blind and Partially Sighted, Liverpool	...	...	...	...	1 boy
Preston School for the Partially Sighted	...	...	...	...	1 girl
One boy was in a day special school for partially sighted pupils—The Mosley Road Day School for Partially Sighted Children, Birmingham	...	...	...	...	2 boys
Ordinary Day School, Middlesbrough	...	...	...	...	1 boy

### C. Deaf Pupils :

The total number of such pupils was 26 (16 Boys and 10 Girls)—25 of whom were in attendance at the Middlesbrough Day School for the Deaf. One boy attended St. John's Residential School for the Deaf, Boston Spa, near York.

### D. Partially Deaf Pupils :

The total number of such pupils was 14 (6 Boys and 8 Girls)—all of whom were in attendance at the Middlesbrough Day School for the Deaf.

During 1955, a problem of accommodation arose at our Day School for the Deaf. At the end of December, the total number of pupils in attendance was 46 boys and 43 girls. The staff included 8 class teachers so that the Ministry maximum of 10 pupils per teacher was exceeded. The number of pupils on the waiting list at that time was 6 pupils, of whom 2 came from Middlesbrough.

### E. Educationally Sub-Normal Pupils :

The following arrangements were made for the education of these children:—

#### 1. Residential Special Schools:

Besford Court R.C. Special School, Worcester ...	1 Boy
Pontville R.C. Special School, Ormskirk, Lancs.	2 Boys
Aldwark Manor Boarding Special School, Alne, near York ... ... ... ...	4 Boys
High Close (E.S.N.) School, Wokingham, Berks.	1 Girl
Allerton Priory R.C. Special School, Woolton, near Liverpool ... ... ... ...	1 Girl
Crowthorn Residential Special School, Edgworth near Bolton, Lancs. ... ... ...	1 Boy 1 Girl
Jesmond Dene House Residential Special School, Jesmond Dene, Newcastle ... ...	1 Girl
Pield Heath House R.C. Special School, Hillingdon, near Uxbridge ... ... ... ...	1 Girl
Swaylands School, Penshurst, Kent ... ...	1 Boy
School for Senior Boys, Meadows' House, Southborough ... ... ... ...	1 Boy

2. Burlam Road Day (E.S.N.) School, Middlesbrough	90	Boys
	65	Girls
3. Ordinary Schools Backward Classes	...	...
	14	Boys
	2	Girls
4. Awaiting Home Tuition (E.S.N. and Physically Handicapped)	...	...
	1	Girl
5. Number of Pupils notified as Ineducable under the Provision of Section 57 (3) of the Education Act, 1944-10	...	...
	7	Girls
	3	Boys

Details of ascertainment under this heading during 1955 are as follows:—

1. Number of Pupils notified as Ineducable	...	10
2. Number of Pupils ascertained as E.S.N.	...	43
3. Number of Pupils ascertained as Maladjusted and E.S.N.	...	1
4. Number of Pupils found not to be E.S.N.	...	13
5. Number of Pupils returned to Ordinary Schools (from Burlam Road School)	...	4
6. Number of routine re-examinations (Burlam Road School)	...	28
7. Number notified under Section 57(5)	...	5

#### MIDDLESBROUGH DAY SCHOOL FOR E.S.N.:—

I am indebted to Mr. J. Woodhouse, Headmaster of Burlam Road, School, for the following report:—

“This school for Educationally Sub-normal children had 125 pupils on roll during the first week of January, 1955. During the year, 27 children left the school for the reasons outlined below, and 27 children were admitted, leaving a total of 125 pupils on roll at the end of the year. Of these, 69 were boys and 56 girls.

Transfer to Residential Schools	...	4
Transfer to Secondary Modern Schools	...	4
Transfer to Scotland	...	1
Left on attaining age of 16 years	...	18
	—	
	27	
	—	

The distribution according to Chronological Age on September 1st, 1955, was as follows:—

Age		Boys	Girls	Total
5— 6 years	...	1	—	1
6— 7	„	1	1	2
7— 8	„	5	2	7
8— 9	„	7	4	11
9—10	„	7	1	8
10—11	„	4	10	14
11—12	„	9	9	18
12—13	„	9	9	18
13—14	„	11	9	20
14—15	„	11	6	17
15—16	„	8	7	15
<hr/>				
Totals	...	73	58	131
		<hr/>	<hr/>	<hr/>

With one exception, the children in the school have Intelligence Quotients (Terman-Merrill) in the range of 50–89, the actual distribution being as follows:—

I.Q.		Boys	Girls	Total
50—55	...	12	11	23
56—60	...	12	11	23
61—65	...	15	16	31
66—70	...	14	11	25
71—75	...	12	4	16
76—85	...	5	5	10
86—90	...	2	—	2
91—95	...	1	—	1
<hr/>				
Totals	...	73	58	131
		<hr/>	<hr/>	<hr/>

### LIST OF ADDITIONAL DISABILITIES :

Unfavourable home environment	...	...	18
Physically Defective	...	...	14
Temperamental Instability	...	...	12
Speech Defects	...	...	20
Epilepsy	...	...	7
Spastics	...	...	6
Mongols	...	...	3
Partial Deafness	...	...	6
Microcephalic	...	...	3

### TRANSFER TO NORMAL SCHOOLS :

Three boys and one girl were returned to Secondary Modern Schools during the year. All these children were literate, with Reading Ages in excess of nine years, and having Arithmetic Ages corresponding to their Mental Ages.

### FURTHER EDUCATION AND EMPLOYMENT :

Provision is made in an Evening Institute attached to the school for further education for former pupils on two evenings each week. In addition to the Basic Subjects, classes are held in Woodwork for the boys and Needlework for the girls. Attendances at these classes would suggest that a definite need is being filled in this type of youth and girl.

Sixteen of the eighteen pupils leaving school during the year were absorbed into simple routine jobs in local industries. The two exceptions were in the very low I.Q. range and had a severe physical handicap imposed on this lack of innate intelligence. Liaison with the Youth Employment Bureau confirms that almost all former pupils of the school manage to find suitable employment after a period of adjustment in some cases. Even in the Atomic Age there is need of "hewers of wood, and drawers of water". Given the right motives and incentive there is every reason to believe that the E.S.N. Child will become a useful member of society".

### F. Epileptic Pupils :

The number of such handicapped pupils was 2.

Chalfont Colony for Epileptics, Chalfont St.

Peter, Bucks.      ...    ...    ...    ...    1 Boy

Newton-Dee House, The Camphill, Rudolph

Steiner Schools, Bieldside, Aberdeenshire    1 Boy

(Total number of epileptic pupils successfully attending maintained schools in 1955 was (a) 17 Boys and 17 Girls with Petit Mal and (b) 23 Girls and 12 Boys with other epilepsies).

The types of schools attended were as follows:—

	Petit Mal		Other Epilepsies		Totals		
	Boys	Girls	Boys	Girls			
<b>Primary and Secondary</b>							
Modern	...	...	13	13	15	27	68
Secondary Grammar	...	1	1	1	—	—	3
Secondary Technical	...	1	—	2	—	—	3
School for E.S.N.	...	4	2	—	1	—	7
School for Deaf	...	—	1	1	—	—	2
	—	—	—	—	—	—	—
	19	17	19	28	—	—	83
	—	—	—	—	—	—	—

#### G. Maladjusted Pupils :

The total number of such pupils was five:

Chaigeley School, Thelwall, Warrington	...	1 Boy
Wennington Hall Residential Special School for Maladjusted Boys, Wennington, near Hornby, Lancs.	...	1 Boy
Awaiting Residential School accommodation...	...	1 Boy
	...	1 Girl
Ordinary Schools	...	1 Girl

#### H. Physically Handicapped Pupils :

The total number of such pupils was 49 (25 Boys and 24 Girls). Particulars of educational arrangements were as follows:—

Welburn Hall Special School, Kirbymoorside	...	1 Girl
	...	4 Boys
St. Patrick's Open Air School, Hayling Island, Hampshire	...	1 Girl
St. Rose's R.C. Special School, Stroud, Gloucestershire	...	1 Girl
Children's Convalescent Home, West Kirby, Wirral, Cheshire	...	2 Boys
Adela Shaw Orthopaedic Hospital, near Kirbymoorside	...	1 Girl
	...	2 Boys

Friarage Hospital, Northallerton	...	...	2 Boys
			4 Girls
Burlam Road Day (E.S.N.) School (dual handicap)			2 Girls
			1 Boy
Home Tuition	...	...	7 Boys
			3 Girls
Awaiting Residential School Accommodation	...		2 Girls
At Ordinary Schools	...	...	7 Boys
			9 Girls

**CEREBRAL PALSY**—The total number of pupils on school rolls in 1955 suffering from Cerebral Palsy was 27 boys and 15 girls. Arrangements for their education were as follows:—

		Boys	Girls
Primary and Sec. Modern Schools		18	8
Secondary Grammar Schools	...	1	—
School for E.S.N.	...	3	4
School for Deaf	...	2	1
Residential Special Schools	...	—	1
Awaiting Special Schools	...	—	—
Home Teaching	...	1	1
Adela Shaw Orth. Hospital	...	2	—
		—	—
		27	15
		—	Total 42
		—	—

#### J. Delicate Pupils :

The number of handicapped delicate pupils was 24 (10 boys and 14 girls). The following arrangements were made for their education :—

St. Dominic's Open Air School, Godalming	...	1 Boy
Children's Convalescent Home, West Kirby, Wirral, Cheshire	...	2 Boys
		3 Girls
St. Patrick's Open Air School, Hayling Island, Hampshire	...	1 Girl
Friend's School, Great Ayton, Yorks.	...	1 Boy
Burrow Hill Boarding Special School, Frimley, Surrey	...	4 Boys
Oak Bank Open Air School, Seal, Sevenoaks, Kent		1 Girl

Home Teaching	...	...	...	...	1 Boy
Poole Sanatorium, nr. Nunthorpe, Middlesbrough					1 Girl
Attending Ordinary Schools	...	...	...	...	6 Girls
					1 Boy
Awaiting Residential School accommodation	...				1 Girl
Awaiting Home Tuition	...	...	...	...	1 Girl

## SECTION VII—MISCELLANEOUS.

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### A. Camp School (Residential) :

Our arrangements with Gateshead (C.B.) whereby a residential camp school at Dukeshouse Wood, Hexham, is shared by pupils from Middlesbrough and Gateshead, was continued.

Pupils from Secondary Modern Schools and Senior Pupils from Primary Schools were sent to the Camp, in charge of teachers, for periods of a fortnight. All pupils were inspected by one of our staff before departure.

Altogether, 2,262 pupils (1,215 boys and 1,047 girls) went to this camp school during the year.

### B. Diphtheria Immunisation :

During 1955, our returns for Diphtheria Immunisation were as follows:—

First injections	...	...	...	847
Second injections	...	...	...	372
Booster injections	...	...	...	1,714
				—
Total completed Immunisations	...			2,086
Total injections	...	...	...	2,933

At the end of the year, the percentage of school children immunised was 84.91. All Infant Departments were visited for immunisation and, in addition, immunisation sessions were held at the Central Clinic.

### C. Disabled Persons Act :

Number of pupils placed on Disabled Persons' Register:—  
12 boys; 7 girls.

#### D. Employment :

Number of licences for part-time employment: 552 boys;  
55 girls.

Number of Entertainment licences : 24 girls; 1 boy.

#### E. Health Education :

Much day to day instruction on Health matters is given by nurses in the course of routine duties which is a very practical type of Health Education.

#### F. Infectious Diseases :

During 1955 the incidence of infectious diseases among school children was as follows:—

		Male	Female	Total
Food Poisoning	...	...	—	4
Diphtheria	...	...	1	2
Scarlet Fever	...	...	29	40
Measles	...	...	248	229
Whooping Cough	...	...	61	57
Chicken Pox	...	...	382	329
Paratyphoid	...	...	—	1
Poliomyelitis (Paralytic)	...	—	—	—
Poliomyelitis (Non-Paralytic)	...	—	1	1
Dysentery	...	...	107	91
Meningococcal Infection	...	—	—	—
Erysipelas	...	...	1	—
Pneumonia	...	...	9	5
Pulmonary Tuberculosis	...	4	15	19
Other Tuberculosis	...	4	4	8
		—	—	—
		846	778	1,624
		—	—	—

#### G. Mass Radiography :

I am indebted to Mr. J. J. Walsh, Organising Secretary, I.C. Mass Radiography Unit, for the following statistical report :

“TABLE 1. SCHOOL LEAVERS arranged by Child Welfare Officer:

Showing number of children aged 14+ years examined, recalled for large films and referred to Chest Clinic, also abnormalities found.

	Boys	Girls	Total
(a) X-rayed on miniature film	705	755	1,460
(b) Recalled for large film	15	11	26
(c) Referred to Chest Clinic	7	6	13
Abnormalities found:	Boys	Girls	Total
T.B. Immediate Treatment	-	-	-
T.B. Healed	...	1	-
Bronchiectasis	...	1	-
Asthma	...	1	-
Scoliosis	...	1	1
	—	—	—
Total	...	4	1
	—	—	—
Did not attend Clinic	...	1	1
Outstanding at Clinic	...	1	3
Satisfactory at Clinic	...	1	1
	—	—	—
	3	5	8
	—	—	—

TABLE 2. SCHOOLCHILDREN ALL AGE GROUPS (excluding those in Table 1).

Showing number of children examined, recalled for large film and referred to Chest Clinic, also abnormalities discovered. These children attended as Doctors' Patients, T.B. Contacts, or General Public :

	Boys	Girls	Total
(a) X-rayed on miniature film	362	458	820
(b) Recalled for large film	17	18	35
(c) Referred to Chest Clinic	16	15	31
Abnormalities found:	Boys	Girls	Total
T.B. Immediate Treatment...	-	-	-
T.B. Occasional supervision	1	1	2
T.B. Healed	...	1	2
Bronchitis	...	3	-
Asthma	...	1	-
Mitral stenosis	...	-	1
Depressed sternum	...	-	1
	—	—	—
Total	...	6	5
	—	—	—

Did not attend Clinic	...	1	-	1
Outstanding at Clinic	...	5	11	16
Satisfactory at Clinic	...	2	1	3
	—	—	—	—
	8	12	20	
	—	—	—	—

TABLE 3—SCHOOL CHILDREN ALL AGE GROUPS:

A combination of Tables 1 and 2 showing number of children examined, recalled for large film and referred to Chest Clinic, also the abnormalities discovered.

		Boys	Girls	Total
(a) X-rayed on miniature film	1,067	1,213	2,280	
(b) Recalled for large film	...	32	29	61
(c) Referred to Chest Clinic		23	21	34
				2.67% of (a).
				1.49% of (a).

Abnormalities found:		Boys	Girls	Total
T.B. Immediate Treatment...		-	-	-
T.B. Occasional Treatment...		1	1	2
T.B. Healed	...	2	2	4
Bronchiectasis	...	1	-	1
Bronchitis	...	3	-	3
Asthma	...	2	-	2
Mitral Stenosis	...	-	1	1
Depressed Sternum	...	-	1	1
Scoliosis	...	1	1	2
	—	—	—	—
	10	6	16	
	—	—	—	—

Did not attend Clinic	...	2	1	3
Outstanding at Clinic	...	6	14	20
Satisfactory at Clinic	...	14	8	22

## 1. Physical Education :

I am indebted to the Director of Education for the following reports :—

### “PRIMARY SCHOOLS AND SECONDARY GIRLS’ SCHOOLS :

The year was a notable one in that prolonged good weather enabled full use to be made of playing fields and ensured continuity of outdoor physical activity in the playground. Schools made good use of every opportunity allowed for movement and it was encouraging to see numbers of children using both playing fields and swimming bath after school hours.

A number of schools received additional portable apparatus which added interest to the physical training lesson. The usual hockey, netball and rounders rallies were held and attracted record entries. The Primary Schools Country Dance Party was held in Stewart Park on a beautiful day and was greatly enjoyed by the children. All these events were made possible by the loyal co-operation of the teachers.

Demonstrations and talks to parents and teachers have been given by the organiser, and films on different branches of Physical Education have been shown.

The senior girls’ Life Saving Group continues to flourish and out-of-school swimming parties have made good use of the facilities offered by the Education Authority on two evenings a week. Senior girls commenced winter swimming this year and attendances have been well maintained.

### Boys’ SECONDARY SCHOOLS :

Physical Training lessons have progressed and developed upon sound lines. The new type of Gymnastic Apparatus installed in new gymnasia is being used to great effect.

The work in organised games periods and in out-of-school hours has developed considerably, full advantage being taken of the fine weather which continued long into the Christmas Term. The increased programme in Association Football, by the extension of the Intermediate League, has meant increased enthusiasm and a far greater number of boys have been engaged in open air activity.

Athletics and Boxing have continued to develop and to attract a larger number of boys. For the first time the schools' boxing finals were held on school premises, in the Physical Recreation Room at Stainsby. The conditions were very good and a large number of boys took part in the whole competition. The general standard of Boxing was not as high as usual in the earlier stages but as the competition went on boys benefited by the conditions and the improvement was noticeable.

The re-opening of the smaller Bath at the Middlesbrough Swimming Baths in the Spring gave an impetus to the enthusiasm for teaching Swimming and full advantage was taken of it. The general standard of Swimming continues to be high.

The playing fields were used to capacity and because of the good weather far greater use was made of them than in 1954, but their condition was such that, as was anticipated, no serious deterioration of the playing areas was noted.

#### GENERAL :

Great credit is due to the teaching staffs of the schools who give so generously of their time to out-of-school activities and whose efforts make possible so many inter-school events.

Thanks are also due to the Parks Superintendent and his staff for all their co-operation in the activities in the Parks, particularly in allowing the secondary school girls opportunities for tennis—a game which all want to play, and for which there is very little provision on school playing areas”

### SECTION VIII.

#### DENTAL INSPECTION AND TREATMENT, 1955.

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Mr. J. Auton, Principal School Dental Officer, reports:—

“The difficulty of inadequate staffing showed no improvement during the year, the year's work being undertaken by one full-time dental officer (the Principal Dental Officer) who lost some time owing to illness—and part-time assistants only.

While the appointment of part-time assistants on a sessional basis is a help up to a point, it is not as satisfactory as the equivalent in terms of full-time dental officers, were these procurable.

Despite the shortage of staff, considerably more Maternity and Child Welfare work was done during the year.

The demand for treatment by Expectant and Nursing Mothers and pre-school children is steadily growing and owing to the present serious under-staffing, is undertaken at the expense of the school work

During routine dental inspection in the schools, one saw evidence of a considerable amount of work done by private practitioners and which appears to have grown since adult patients were required to pay a fee for treatment.

While there is no actual evidence, it is reasonable, however, to assume that a good deal of this work is the result of periodic routine dental inspection in the schools whereby parents were notified of defects, and if they did not actually avail themselves of the offered clinic treatment, presumably sought private free treatment.

During the year one hundred and ten cases requiring orthodontic treatment or dentures, were referred to the Panel of Consultants".

## SECTION IX—STATISTICS.

### Ministry of Education Medical Inspection Returns (1955).

TABLE I.

#### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including SPECIAL SCHOOLS).

##### A. PERIODIC MEDICAL INSPECTIONS.

Age groups inspected and No. of children examined in each:—

Entrants	...	...	...	...	...	3,060
Intermediates (8+)						3,219
Leavers	...	...	...	...	...	1,709
						—
						7,988
						—
Additional Periodic Inspections	...	...	...	...	...	859
						—
						8,847
						—

B. OTHER INSPECTIONS :

No. of Special Inspections	...	...	...	7,086
No. of Re-inspections	...	...	...	2,177
				9,263

C. PUPILS FOUND TO REQUIRE TREATMENT:

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants ... ... ...	34	321	355
Intermediates ... ... ...	156	249	404
Leavers ... ... ...	90	130	219
Total (Prescribed Groups) ...	280	700	978
Additional Periodic Inspections ... ...	50	98	148
Grand Total ... ...	330	798	1,126

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDING 31st DECEMBER, 1955.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)	
4. Skin	.. ..	85	123	2,087	—
5. Eyes—					
(a) Vision	.. ..	330	408	189	—
(b) Squint	.. ..	69	164	23	—
(c) Other	.. ..	30	39	388	—
6. Ears—					
(a) Hearing	.. ..	18	94	20	—
(b) Otitis Media	.. ..	30	77	22	—
(c) Other	.. ..	36	15	223	—
7. Nose or Throat	.. ..	235	688	72	—
8. Speech	.. ..	20	139	14	—
9. Cervical Glands	.. ..	2	377	10	—
10. Heart and Circulation		6	114	2	—
11. Lungs	.. ..	55	273	4	—
12. Developmental—					
(a) Hernia	.. ..	2	6	—	—
(b) Other	.. ..	18	34	2	—
13. Orthopaedic—					
(a) Posture	.. ..	11	35	1	—
(b) Flat Foot	.. ..	57	74	14	—
(c) Other	.. ..	79	139	63	1
14. Nervous System—					
(a) Epilepsy	.. ..	3	10	—	—
(b) Other	.. ..	10	57	11	—
15. Psychological—					
(a) Development	.. ..	4	31	—	—
(b) Stability	.. ..	8	148	20	—
16. Other	.. ..	56	80	3,790	—

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEAR IN THE AGE GROUPS:

Age Groups	Number of pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	3,060	1,696	55.4	1,290	42.1	74	2.4
Intermediate ..	3,219	1,694	52.6	1,387	43.1	138	4.3
Leavers ..	1,709	752	44.0	826	48.3	131	7.7
Additional Periodic Inspections ..	859	463	53.9	356	41.1	40	4.6
Total ..	8,847	4,605	52.1	3,859	43.6	383	4.3

TABLE III.  
INFESTATION WITH VERMIN.

(1) Total number of examinations in the schools ...	124,198
(2) Total number of individual pupils examined and found to be infested ... ... ... ...	4,474
(3) Total number of individual pupils in respect of whom cleansing notices were issued (Section 54.2. Education Act, 1944) ... ... ... ...	162
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54.3., Education Act, 1944) ... ... ... ...	51

## TABLE IV.

### TREATMENT TABLES.

## GROUP 2. DISEASES OF THE SKIN:

## GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT:

	Number of cases dealt with:		
	By the Authority		Otherwise
External and other, excluding errors of refraction and squint	...	...	2,575
Errors of refraction (including squint)		—	1,720
Number of pupils for whom spectacles were			
(a) prescribed	...	...	—
(b) obtained	...	...	—
			No information

## GROUP A. DISEASES AND DEFECTS OF NOSE, EAR AND THROAT:

		Number of cases dealt with:
		By the Authority.      Otherwise.
Received operative treatment—		
(a) for diseases of the ear	...	— 48
(b) for adenoids & chronic tonsillitis		— 723
(c) for other nose and throat conditions		— 186
Received other forms of treatment	...	852 192
		—
Total	...	852 1,149

GROUP 4. ORTHOPAEDIC AND POSTURAL DEFECTS:

	Number of cases dealt with:			
	By the Authority.		Otherwise.	
(a) Number treated as in-patients in hospital	...	...	...	94
(b) Number treated otherwise e.g. in clinics or out-patient departments			245	374

GROUP 5. CHILD GUIDANCE TREATMENT:

Number of pupils treated at Child Guidance Clinics	...	...	150	-
--	-----	-----	-----	---

GROUP 6. SPEECH THERAPY:

Number of pupils treated by Speech Therapists	...	...	...	*
---	-----	-----	-----	---

GROUP 7. OTHER TREATMENT GIVEN:

(a) Miscellaneous minor ailments	...	8,691	-
(b) Other (specify)			
1. Ultra Violet Light	...	137	-
2. Chiropody	...	159	-
		<hr/>	
Total	...	8,987	<hr/>
		<hr/>	

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officer:

(a) Periodic age groups	...	...	...	...	10,916
(b) Specials	...	...	...	...	2,072
					<hr/>
Total	...	...	...	12,988	<hr/>
				<hr/>	

\* Figure not obtainable from Speech Therapist's records. She left on 30.9.1955. No. of attendances for Speech Therapy 1,588.



## MIDDLESBROUGH (C.B.).

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Arrangements for Ascertainment and Treatment of Children with Defective Hearing who are not in full-time attendance at Special Schools for the Deaf or Partially Deaf. (As returned to Ministry of Education).

### (1) AUDIOLOGY CENTRE:

This work is centralised at the North Riding Infirmary (Eye Ear, Nose and Throat Centre). (Regional Hospital Board). Mr. Marshall, Surgeon, holds weekly clinics for children. Minor treatments ordered are carried out at our Minor Ailment Clinics.

### (2) AUDIOMETRIC TESTING :

In M. and C.W. Clinics, screening test of all babies.

In schools, Gramophone Audiometric testing of 8+, 9+, 12+, and 13+ pupils. A School Medical Officer holds a weekly clinic to which failures are referred. In North Riding Infirmary, Pure Tone Audiometer testing as recommended by E.N.T. surgeon. Children are examined for deafness at Medical Inspections.

### (3) AUDITORY TRAINING, LIP READING AND ADVICE:

Miss Nixon, Middlesbrough Day School for Deaf, undertakes this as requested.

Mr. A. L. Marshall, Member of Society of Audiological Therapists and Technicians, North Riding Infirmary, gives tuition and advice to children, supplied with Hearing Aids. Teachers ensure that such children wear their aids.

### (4) PERIPATETIC TEACHERS OF DEAF :

None.

### (5) STAFF EMPLOYED:

One school nurse undertakes Gramophone and Pure Tone Audiometry almost whole time for which she was trained locally. No other member of our L.E.A. Staff is engaged whole time in this work, but all co-operate in the diagnosis and treatment of deafness.







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